24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) TENACIOUS TRUTH PAC C C00619650	Schedule E)	FOR SE OF FORM 24/48
TENACIOUS TRUTH PAC C Coo619650 Date of Public Distribution/Dissemination Til 07 2016 Amount City State Zip Code Purpose of Expenditure Votor contact phones, sibo supports Donald Trump Name of Federal Candidate TENNEY, CLAUDIA Caleogory Type Tenney CLAUDIA Caleogory President Senate State NY Caleodar Year-To-Date Per Election for Office Sought Full Name of Payce Mailing Address City State Zip Code Mailing Address Amount City State Zip Code Date of Public Distribution/Dissemination Amount Caleogory Type Date of Public Distribution/Dissemination C Caleogory Type Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Caleogory Type Name of Federal Candidate City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Caleodar Year-To-Date Per Election for Office Sought Caleodory Type Name of Federal Candidate Caleogory Type Date of Disbursement or Obligation Caleodar Year-To-Date Per Election for Office Sought Caleodory Type Date of Disbursement or Obligation Caleodar Year-To-Date Per Election for Office Sought Caleodar Year-To-Date Per Election for Office Sought Caleodory Type Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or agent of either, or (if the reporting entity is not a political party c	NAME OF COMMITTEE (In Full)	<u> </u>
Full Name of Paye Full Name of Paye City State Zip Code		
Full Name of Payee Name of Payer Amends report Amount		C C00619650
Mailing Address P,O, Box 1101 City State Zip Code Alachus FL 32616 Purpose of Expenditure Voter contact phones, also supports Donald Trump Name of Federal Candidate TENNEY, CLAUDIA Calendar Year-To-Date Per Election for Office Sought Mailing Address City State Zip Code Date of Disbursement or Obligation Amount Tenney (Category) Type Date of Disbursement or Obligation Date of Disbursement or Obligation Tenney (Category) Type Date of Disbursement or Obligation Date of Disburse	Check if 24-hour report 48-hour report New report Amends report filed on 48-hour report	
Mailing Address P.O. Box 1101 City State Zip Code Amount City State Zip Code Transaction ID : St. 4213 Purpose of Expenditure Calendar Year-To-Date Purpose of Expenditure City State Zip Code Purpose of Expenditure City State Zip Code Purpose of Expenditure Calendar Year-To-Date President State: City State Zip Code Calendar Year-To-Date President State: City State Zip Code Calendar Year-To-Date Sought Calendar Year-To-Date State: Calenda		Date of Public Distribution/Dissemination
Mailing Address P.O. Box 1101 City State Zip Code Alachua FL 32616 Purpose of Expenditure Voter contact phones, also supports Donald Trump Category/ Type Transaction ID: SE.4213 Date of Disbursement or Obligation STATE House District: 22 TENNEY, CLAUDIA,	Ozean Media	
City State Zip Code Alachua FL 32616 Purpose of Expenditure Voter contact phones, also supports Donald Trump Name of Federal Candidate TENNEY, CLAUDIA,	Mailing Address P.O. Box 1101	11 07 2010
Alachua FL 32616 Furpose of Expenditure Votor contact phones, also supports Donald Trump Name of Federal Candidate TENNEY, CLAUDIA, ,		Amount
Purpose of Expenditure Voter contact phones, also supports Donald Trump Name of Federal Candidate TENNEY, CLAUDIA Qoppose President Senate State: Per Election for Office Sought Category/ Calendar Year-To-Date Purpose of Expenditure Category/ Type Date of Disbursement or Obligation Vivoe President Senate State: NY Calendar Year-To-Date Purpose of Expenditure Category/ Type Name of Federal Candidate City State Zip Code Date of Disbursement or Obligation Date of Disbursement For: Primary	City State Zip Code	1301.22
Name of Federal Candidate X Support Office Sought X House District: 22	Alachua FL 32616	
TENNEY, CLAUDIA, Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Calendar Year-To-Date Per Election for Office Sought Category/ Type Name of Federal Candidate Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) ▶ 1301.22 (b) SUBTOTAL of Unitemized Independent Expenditures Language Category/ Type Date of Disbursement or Obligation Date of Disbursement or	Votes contact phones also supports Denald Trump	
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Per Election for Office Sought Pull Name of Payee	TENNEY, CLAUDIA, , ,	President Senate State: NY
Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. [Electronically Filed] Date Amount Date of Disbursement or Obligation Purpose of Expenditure Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation Purpose of Expenditure Date of Disbursement or Obligation Date of	Odiciladi Todi To Bato	
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City State Zip Code Purpose of Expenditure	Mailing Address	A
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(b) SUBTOTAL of Unitemized Independent Expenditures		
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with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. **Rennedy, Sean, , , ** [Electronically Filed]** Date ** 11 ** 08 ** 2016	(c) TOTAL Independent Expenditures	1301.22
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